

<i>SERFF Tracking Number:</i>	<i>DDAR-127909618</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delta Dental of Arkansas</i>	<i>State Tracking Number:</i>	<i>50521</i>
<i>Company Tracking Number:</i>	<i>WS-DDAR-SCH A-C_CWA7172 AND IBEW204_9620_ 2012</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>WS-DDAR-Sch A-C_CWA7172 and IBEW204_9620_ 2012</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: WS-DDAR-Sch A-C_CWA7172 SERFF Tr Num: DDAR-127909618 State: Arkansas
and IBEW204_9620_ 2012

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed

State Tr Num: 50521

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: WS-DDAR-SCH A-
C_CWA7172 AND
IBEW204_9620_ 2012

State Status: Approved-Closed

Filing Type: Form

Author: Sara Farris

Date Submitted: 12/19/2011

Reviewer(s): Rosalind Minor

Disposition Date: 12/20/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Group Market Type: Employer

Filing Status Changed: 12/20/2011

State Status Changed: 12/20/2011

Created By: Sara Farris

Corresponding Filing Tracking Number:

Filing Description:

This is a Schedule A-C for a new large group.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Sara Farris

Company and Contact

Filing Contact Information

Sara Farris,

sfarris@ddpar.com

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1513 Country Club 501-992-1662 [Phone]
 Sherwood, AR 72120 501-992-1663 [FAX]

Filing Company Information

Delta Dental of Arkansas	CoCode: 47155	State of Domicile: Arkansas
1513 Country Club Rd.	Group Code:	Company Type:
Sherwood, AR 72120	Group Name:	State ID Number:
(501) 992-1662 ext. [Phone]	FEIN Number: 71-0561140	

Filing Fees

Fee Required? Yes
 Fee Amount: \$0.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	12/19/2011	54660604

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/20/2011	12/20/2011

SERFF Tracking Number: *DDAR-127909618* *State:* *Arkansas*
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Disposition

Disposition Date: 12/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	WS-DDAR-Sch A-C_CWA7172 and IBEW204_9620_ 2012	Approved-Closed	Yes

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TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: WS-DDAR-Sch A-C_CWA7172 and IBEW204_9620_ 2012

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/20/2011	WS-DDAR-Sch A-C_CWA7172 and IBEW204_9620_ 2012	Schedule Pages	WS-DDAR-Sch A-C_CWA7172 and IBEW204_9620_ 2012	Initial		0.000	WS-DDAR-Sch A-C_CWA7172 and IBEW204_9620_ 2012.pdf

**DELTA DENTAL OF ARKANSAS
SCHEDULE A
DIAGNOSTIC AND PREVENTIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

WINDSTREAM CORPORATION – PLAN 9620 – CWA7172 and IBEW204

A1.00 DIAGNOSTIC AND PREVENTIVE BENEFITS

In Network 100% MPA

Out Of Network 100% MPA

- | | |
|---|---|
| • Diagnostic | Routine periodic examinations not more than two (2) in any BENEFIT PERIOD |
| • Bitewings | Bitewing x-rays two (2) sets of four (4) films in a benefit period |
| • Other x-rays | Intraoral-periapical and extraoral x-rays |
| • Full-mouth x-rays | Full-mouth x-rays one (1) time in any thirty six (36) consecutive month period |
| • Cleanings | Prophylaxis (cleaning) not more than two (2) in any BENEFIT PERIOD |
| • Fluoride | Topical application of fluoride one (1) per BENEFIT PERIOD for dependent children to age 19. |
| • Space Maintainers | Space maintainers for prematurely lost teeth of eligible dependent children to age nineteen (19) |
| • Sealants | Sealants once per tooth on permanent maxillary and mandibular first and second permanent molars with no caries (decay) on the occlusal surface for dependent children to age fifteen (15) |
| • Palliative Emergency | Minor emergency TREATMENT for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and/or diagnostic procedures. |
| • Pulp Vitality and Bacteriological Studies | Pulp vitality and bacteriological studies for determination of bacteriological agents. |
| • Diagnostic Casts | Diagnostic casts. |
| • Consultations | Consultations, but not more than two (2) per BENEFIT PERIOD. |
| • Injections of Therapeutic Drugs | Injections of therapeutic drugs. |

A2.00 LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS

- DDAR will pay for two (2) oral examination(s) and two (2) cleaning(s) in a BENEFIT PERIOD. (* Please see information on Evidence Based Dentistry.)
- DDAR will not pay for adult cleanings for PARTICIPANT(s) to age fourteen (14).
- DDAR will pay for full mouth x-rays one (1) time within any thirty six (36) consecutive month period. A combination of periapical and bitewing x-rays (fourteen (14) or more films) or a panoramic film and additional x-rays make up a full mouth series.
- Preventative control programs (oral hygiene instructions, carries susceptibility tests, dietary control, tobacco counseling, etc.) are not a benefit.
- DDAR will pay for one (1) topical application of fluoride one (1) time in a BENEFIT PERIOD. Fluoride rinses or self-applied fluorides are not a benefit.

- Pulp vitality tests are payable per visit, not per tooth, for determination of bacteriologic agents.
- A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children to age nineteen (19), Recementation of a space maintainer within six (6) months of the seating date is part of the original procedure. A space maintainer is not considered an orthodontic appliance.
- A sealant is a benefit only on the unrestored, decay free chewing surface (occlusal surface) of the maxillary (upper) and mandibular (lower) first and second permanent molars. Sealants are a benefit for DEPENDENT children to age fifteen (15) and limited to once per lifetime.
- Palliative TREATMENT is payable on a per visit basis, once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Diagnostic and Preventive BENEFITS.

(*) Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.

**DELTA DENTAL OF ARKANSAS
SCHEDULE B
BASIC RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**B1.00 BASIC RESTORATIVE BENEFITS
In Network 80% MPA
Out Of Network 80% MPA**

- Fillings Amalgam (silver) and composite/resin (white) fillings including sedative fillings
- Biopsies Biopsies of hard or soft oral tissue
- Extractions Simple extractions

- Oral Surgery Oral surgery, including pre- and post-operative care and surgical extracts.
- Endodontics Includes pulpal therapy and root canal therapy.
- Surgical Periodontics Includes TREATMENT and surgical procedures for the disease of the gums and bone supporting the teeth. Surgical Periodontics, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but not more than one (1) surgical procedure per quadrant in any twelve (12) month period.
- Non-surgical Periodontics Includes TREATMENT for the disease of the gums and bone supporting the teeth. Periodontal scaling and root planning are limited to not more than once per quadrant in any twenty four (24) month period.
- Periodontal Maintenance Limited to four (4) per benefit period less the number of teeth cleanings received during such BENEFIT PERIOD following active periodontal treatment.
- General Anesthesia General anesthesia or intravenous sedation in connection with oral surgery and extractions.
- Therapeutic Pulpotomy Therapeutic pulpotomy (excluding final restoration).
- Pulp Therapy Pulp therapy.
- Apexification/recalcification Apexification/recalcification.
- Injections Injections of therapeutic drugs.
- Recementing Recementing of cast restorations or dentures, but not more than one (1) in twelve (12) consecutive months.
- Denture Adjustments Adjustment of dentures, if at least six (6) months have passed since the installation of the denture but not more than twice in a twelve (12) month period.
- Repairs Simple repairs of cast restorations or dentures other than recementing.
- Occlusal Adjustments Occlusal adjustments, but not more than twice in a twelve (12) month period.
- Add Tooth To Partial Addition of teeth to a partial removable Denture to replace natural teeth removed while coverage was in effect.

B2.00 LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS]

- Extractions, surgical extractions, root removal, alveoplasty, surgical exposure of impacted or unerupted tooth, tooth reimplantation and/or stabilization, transseptal fiberotomy, and oroantral fistula closure are limited to one (1) in a lifetime.

- TREATMENT of complications (post-surgical) or unusual circumstances are a benefit one (1) time in three (3) months (i.e., TREATMENT of a dry socket).
- Payment for root canal TREATMENT includes charges for temporary restorations. Retreatment of root canal by the same DENTIST or dental office will be considered after twenty-four (24) consecutive months have lapsed since initial treatment. Root canals on deciduous teeth are not a benefit and will be given the alternate benefit of a therapeutic pulpotomy, unless there is no permanent successor. Pulpal therapy is limited to primary teeth, and therapeutic pulpotomy is limited to once (1) in a lifetime.
- Full-mouth debridement but not more than once per lifetime.
- Payment for periodontal surgery shall include charges for three (3) months' post-operative care and any surgical re-entry for a twelve (12) consecutive month period. Root planing, curettage, and osseous surgery are not a benefit for PARTICIPANT(s) to age fifteen (15).
- Non-surgical periodontics will not be provided more often than one (1) time in a twenty-four (24) consecutive month period per quadrant.
- Periodontal maintenance is a benefit after three (3) consecutive months following active periodontal TREATMENT.
- Charges for general anesthesia/intravenous sedation are covered when administered in conjunction with covered oral surgery and extractions.
- Analgesia, anxiolysis, inhalation of nitrous oxide, other drugs and/or medicines, and desensitizing medicines are not covered.
- Recementation of a bridge or crown within six (6) consecutive months of the seating date is part of the original procedure.
- Adjustments to complete or partial dentures made within the first six (6) consecutive month period after delivery are not covered.
- Addition of teeth to a partial removable Denture to replace missing natural teeth is covered as long as the tooth or teeth were removed while coverage was in effect.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Basic Restorative BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE C
MAJOR RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**C1.00 MAJOR RESTORATIVE BENEFITS
In Network 50% MPA
Out Of Network 50% MPA**

- | | |
|---|---|
| <ul style="list-style-type: none">• Complete or Partial Denture Reline | Chair side or laboratory procedure to improve the fit of the appliance to the tissue (gums), not more than once in any thirty six (36) month period. |
| <ul style="list-style-type: none">• Complete or Partial Denture Rebase | Laboratory replacement of the acrylic base of the appliance, not more than once in any thirty six (36) month period. |
| <ul style="list-style-type: none">• Crowns, Inlays, Onlays, and Veneers | Crowns, inlays, onlays and veneers are BENEFITS for the TREATMENT of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations. |
| <ul style="list-style-type: none">• Stainless Steel Crowns | Used as a restoration to natural teeth when the teeth cannot be restored with a filling material. |
| <ul style="list-style-type: none">• Prosthodontics | Procedures for construction of fixed bridges, partial or complete dentures. |
| <ul style="list-style-type: none">• Implants | Endosteal implants (surgical placement of implant bodies) are not a covered benefit. Initial placement of implant supported crowns or dentures are covered as long as the tooth was extracted while coverage was in effect. |
| <ul style="list-style-type: none">• Tissue Conditioning | Tissue conditioning, but not more than twice in a thirty six (36) month period. |

C2.00 LIMITATIONS AND EXCLUSIONS ON MAJOR RESTORATIVE BENEFITS

- Relines and rebases are covered not more than once in any 36 month period and only after 6 months have passed since the installation of the existing full or partial denture.
- DDAR will not pay to replace any crowns, inlays, onlays, or veneers received in the previous sixty (60) months. Payment for crowns, inlays, onlays, and veneers shall include charges for preparations of tooth, gingival, and impression.
- DDAR will not pay for a crown, inlay, onlay, or veneer on a tooth that can be restored with an amalgam or composite restoration.
- Porcelain/ceramic or cast crowns for children to age thirteen (13) are not BENEFITS.
- DDAR will not pay for the replacement of a stainless steel crown within a sixty (60) month period of the initial placement.
- Prefabricated resin crowns are not a benefit on molar teeth. A stainless steel crown allowance will be made with any fee difference the responsibility of the patient.

- Initial placement of an implant supported crown or denture, full or partial removable dentures, fixed bridges (including crowns and inlays) which form a part thereof to replace a functioning natural tooth or teeth which are missing prior to the effective date of the individuals coverage, will not be covered unless the prosthetic appliance also includes the replacement of a natural tooth or teeth extracted while coverage was in effect.
- DDAR will not pay to replace any fixed bridges or partial or complete dentures that the PARTICIPANT received in the previous sixty (60) consecutive months, except where the loss of additional teeth requires the construction of a new appliance. DDAR will not pay to replace a bridge or denture unless it cannot be made satisfactory.
- Payment for a partial or complete denture shall include charges for any necessary adjustment within a six (6) consecutive month period.
- A posterior, fixed partial denture and a removable partial denture in the same dental arch are not covered. The benefit is limited to the allowance for the partial, removable denture.
- DDAR limits payment for standard dentures to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.
- DDAR does not pay for fixed bridges or full or partial dentures for children to age seventeen (17).
- A fixed bridge where a partial denture is constructed in the same arch is not a covered benefit.
- Fixed partial denture retainers are a benefit one (1) time in any sixty (60) consecutive month period.
- Temporary and provisional crowns and partial dentures are not a benefit.
- Procedures for purely cosmetic reasons are not BENEFITS
- Diagnostic casts and cephalometric films are a benefit only if done for orthodontic purposes and covered under the orthodontic benefits.
- Intraoral and extraoral photographic images are not covered.
- Implant supported cast restorations, but no more than once for the same tooth position in a sixty (60) month period.
- Implant supported fixed dentures, but no more than once for the same tooth position in a sixty (60) month period.
- Implant supported removable dentures, but no more than once for the same tooth position in a sixty (60) month period.
- Tissue conditioning is limited to two (2) in a thirty six (36) consecutive month period. Tissue conditioning is not a benefit if performed on the same day a denture is delivered or a reline/rebase is provided.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Major Restorative BENEFITS.

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: n/a Comments:	Approved-Closed	12/20/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:	Approved-Closed	12/20/2011